

HOUSE BILL No. 1910

DIGEST OF INTRODUCED BILL

Citations Affected: None (noncode).

Synopsis: Community health center grants. Requires an existing community health center or an entity that wants to become a community health center to apply to the state department of health to receive part of the appropriation for the biennium. Provides specific requirements the community health center or the entity must meet to qualify for a grant. Requires the state department of health to review the requirements of current state health programs to identify opportunities to pool program funds to leverage comprehensive health care services to the working poor.

Effective: July 1, 1999.

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January 26, 1999, read first time and referred to Committee on Ways and Means.



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First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

HOUSE BILL No. 1910

A BILL FOR AN ACT concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. [EFFECTIVE JULY 1, 1999] (a) As used in this
2 SECTION, "state department" refers to the state department of
3 health.

4 (b) Money appropriated for grants to community health centers
5 shall be administered by the state department for the planning,
6 establishment, or expansion of community health centers that
7 provide comprehensive primary health care services for
8 individuals of all ages.

9 (c) To receive a grant from the appropriation:

10 (1) an existing community health center; or

11 (2) an entity that desires to become a community health
12 center;

13 must apply to the state department.

14 (d) In a grant application under subsection (c), an applicant
15 must demonstrate that the community health center or the entity
16 meets or has the ability to meet the following requirements:

17 (1) Be a nonprofit or public corporation that provides a match
18 to the grant for which the applicant applied of at least fifty



percent (50%) for operating grants and ten percent (10%) for capital grants. The match may include the value of products or in-kind services that are provided either free or at reduced fees. The match for capital grants may include state or federal funds not appropriated for the grant program.

(2) Be located in or provide services to targeted populations in a medically underserved area.

(3) Serve at least twenty-five percent (25%) uninsured patients.

(4) Accept all patients regardless of the patient's ability to pay.

(5) Treat all patients under a high quality standard of care whether the patients are uninsured or are insured through Medicare, Medicaid, or private insurance.

(6) Seek payment from Medicare, Medicaid, the appropriate county office under the hospital care for the indigent program, or private insurance before using grant funds for patient care.

(7) Be organized to serve as a Medicaid provider or a managed care organization.

(8) Offer a schedule of discounts for services based on the ability to pay for the services.

(9) Provide services to all family members regardless of age or gender.

(10) Provide services at least forty (40) hours each week, including evening and weekend hours, to meet the needs of a majority of potential users.

(11) Ensure twenty-four (24) hour access through a telephone answering service and shared call or similar service.

(12) Employ only providers who are licensed or certified under state law.

(13) Employ a minimum of one (1) licensed physician or advanced nurse practitioner to work full time, as appropriate to the number of patients served, in order to provide care continuity.

(14) Provide referral arrangements for specialty care and hospitalization and discharge planning.

(15) Have physicians with admitting privileges either on staff or under contract.

(16) Design a business plan that does the following:

(A) Maximizes self-sufficiency.

(B) Minimizes reliance on state funds.

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- 1 (C) Provides innovation in the financing and delivery of
2 comprehensive services.
3 (D) Encourages development of community, insurer, and
4 provider partnerships to ensure the availability of
5 affordable comprehensive care.
6 (17) Design a clinical plan with measurable goals and
7 objectives addressing the priority health concerns of the
8 department and the community.
9 (18) Employ an ongoing quality assurance program.
10 (19) Ensure community accountability focused on prevention
11 and primary care services with a community board, including
12 at least thirty percent (30%) patient representation.
13 (e) The state department shall review the requirements of
14 current state health programs to identify opportunities where
15 program funds may be used to leverage, through pooling or other
16 mechanisms, the provision of comprehensive health care services
17 to the working poor.
18 (f) This SECTION expires July 1, 2002.

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